Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

Page 14

OMB NO.: 0938-

State: North Dakota

Agency*

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10) (A)(ii)(VIII) of the Act



- 8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement-
 - a. Was eligible for Medicaid under the State's approved Medicaid plan; or
 - b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

21

20 19

18

Revision: HCFA-PM AUGUST 19	991	(BPD)	Pa	TTACHMEN age 14a MB No.:	
State	: North	Dakota			
Agency* Citation	(s)	Gro	oups Covered	· ·	
		ptional Groups Of Continued)	ther Than the M	<u>fedicall</u>	y Needy
42 CFR 435.223	<u></u>	. Individuals des for AFDC if co- were as broad a	verage under th	ne State	's AFDC plan
1902(a)(10) (A)(ii) and 1905(a) of the Act	- - -	Individuals21201918Caretaker re		of	

HCFA ID: 7983E

Revision:	HCFA-PM-91-4 AUGUST 1991 State: <u>North</u>	(BPD	Page 15 OMB NO.: 0938-
Agency*	Citation(s)		Groups Covered
		Optional (Continu	Groups Other Than the Medically Needy ed)
42 CFR	435.230 // 1	-	ates using SSI criteria with agreements under ctions 1616 and 1634 of the Act.
		on pa su	e following groups of individuals who receive ly a State supplementary payment (but no SSI yment) under an approved optional State pplementary payment program that meets the llowing conditions. The supplement is
		a.	Based on need and paid in cash on a regular basis.
		b.	Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
		c.	Available to all individuals in the State.
		d.	Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.

All aged individuals.

All blind individuals.

All disabled individuals.

(1)

(2)

(3)

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

Page 16

OMB NO.: 0938-

State: North Dakota

Agency* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) (4)Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. 42 CFR 435.230 (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI. Disabled individuals in domiciliary (6) facilities or other group living arrangements as defined under SSI. Individuals receiving a Federally (7) administered optional State supplement that meets the conditions specified in 42 CFR 435.230. (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230. (9) Individuals in additional classifications approved by the Secretary as follows:

Revision:	HCFA-PM-91-4 AUGUST 1991 State: <u>Nor</u>	, ,		ATTACHMENT Page 16a OMB NO.:		
Agency*	Citation(s)	n(s) Groups Covered				
	B. Optional Groups Other Than the Medically Needy (Continued) The supplement varies in income standard by polisubdivisions according to cost-of-living difference. Yes. No. The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMEN 2.6-A.					

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 17 OMB NO.: 0938-State: North Dakota Agency* Citation(s) Groups Covered в. Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.120, <u>/</u>/ 11. Section 1902(f) States and SSI criteria States 435.121, 435.230 without agreements under section 1616 or 1634 1902(a)(10) of the Act. (A)(ii)(XI) of the Act The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is -a. Based on need and paid in cash on a regular basis. b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement. c. Available to all individuals in each classification and available on a Statewide basis. d. Paid to one or more of the classifications of individuals listed below:

(1)

(2)

(3)

All aged individuals.

All blind individuals.

All disabled individuals.

Revision: HCFA-PM-91-4 AUGUST 1991

Agency*

(BPD)

ATTACHMENT 2.2-A

Page 18

OMB NO.: 0938-

State: North Dakota

Citation(s) Groups Covered Optional Groups Other Than the Medically Needy в. (Continued) (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. Blind individuals in domiciliary (5) facilities or other group living arrangements as defined under SSI. (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.

Individuals in additional

Secretary as follows:

classifications approved by the

(9)

ATTACHMENT 2.2-A Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 Page 18a OMB NO.: 0938-State: North Dakota Agency* Citation(s) Groups Covered Optional Groups Other Than the Medically Needy (Continued) The supplement varies in income standard by political subdivisions according to cost-of-living differences. Yes No The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 19 OMB No.: 0938-State: North Dakota Agency* Citation(s) Groups Covered Optional Groups Other Than the Medically Needy В. (Continued) 42 CFR 435.231 /_/ 12. Individuals who are in institutions for at 1902(a)(10) least 30 consecutive days and who are (A)(ii)(V)eligible under a special income level. of the Act Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A. The State covers all individuals as described above. The State covers only the following group or groups of individuals: 1902(a)(10)(A) Aged (ii) and 1905(a) Blind Disabled of the Act Individuals under the age of--_ 21

> 20 19 18

Caretaker relatives

Pregnant women

No. 92-010 Supersedes Approval Date 3 9 93 Effective Date TN No. 87-9



Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

Page 20 OMB NO.:

0938-

State: North Dakota

Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(e)(3) of the Act

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in an institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

<u>Supplement 3 to ATTACHMENT 2.2-A</u> describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10) (A)(ii)(IX) and 1902(1) of the Act 14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.